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OTHER, LETTER, ORDER FORM, BEE,
ORDER CARD

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MARLBORO POCKET BILLIARD TABLE CERTIFICATION

Dear Marlboro Consumer:

Congratulations. Now you and your friends are on your way to getting one of the exclusive Marlboro Pocket Billiard Tables.

With only 1,000 tables available, your group is one of the lucky few that has reserved this one-of-a-kind pool table made by the world's oldest and most prestigious name in pocket billiards — Brunswick.*

Your extraordinary table features precision diamond-honed slate, solid exotic hardwood and Brunswick's exclusive Super Speed™ cushions.

But you better act fast. You only have until **June 30, 1994** to complete the Certification Form and return it in the attached envelope, or we'll have to cancel your reservation.

So, start signing up your friends. Keep saving the Miles. And soon you'll be racking 'em up on your own Marlboro Pocket Billiard Table.

P.S. If you have any questions about the program or the Certification Form, see rules on back or call 1-800-MARLBORO (1-800-827-5267).



BUNNICK



MARLBORO POCKET BILLIARD TABLE BY BRUNSWICK*

This Certification Form must be completed with the signature and birth date of each of the ten applicants.

Mail in your completed Certification Form to Marlboro Country Store in the attached, pre-addressed envelope postmarked on or before June 30, 1994, or you will forfeit your opportunity to receive the Marlboro Pocket Billiard Table.

Upon receipt of your completed Certification Form you will receive an order form.

Mail your order form, along with your 25,000 Miles, to the address indicated on the order form. Order forms must be postmarked by December 31, 1994.

A maximum of 300 Marlboro Adventure Team Miles will be accepted toward the 25,000 total number of Miles required.

When your order form and the 25,000 Miles have been processed, your Marlboro Pocket Billiard Table will be shipped to the authorized Brunswick dealer nearest to you and you will receive a letter from Brunswick. The letter will include your personal customer code number and the phone number for the authorized dealer in your area.

You must then call the authorized Brunswick dealer to schedule delivery and installation within 60 days of the date you receive your letter from Brunswick.

If you accept delivery, but not installation of the Marlboro Pocket Billiard Table within 60 days, you will be responsible for scheduling and paying the cost of installation.

If you do not accept delivery within the 60-day period, you will forfeit the table and your order form and Miles will be returned.

The Marlboro Pocket Billiard Tables are scheduled for delivery from the factory to authorized Brunswick dealers on or before March 31, 1995.

Please place all documents you receive in a safe place.

Marlboro is not responsible for lost, late, or misdirected mail and will not replace lost or misplaced documents.



BRUNSWICK
2061034829

*Long nicotine av. per cigarette by FTC method.

**SURGEON GENERAL'S WARNING: Quitting Smoking
Now Greatly Reduces Serious Risks to Your Health.**



NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 10 DES MOINES IA

POSTAGE WILL BE PAID BY ADDRESSEE

MARLBORO COUNTRY STORE OFFER
PO BOX 11470
DES MOINES IOWA 50381-1470



2061034830



2061034830

2061034831

MARLBORO

COUNTRY'S STORE

ORDER CERTIFICATION

MAILING POSTAL DELIVERED TO YOU BY MAILBOX

1 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

2 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

3 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

4 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

5 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

6 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

7 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

8 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

9 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

10 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

11 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

12 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

13 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.


NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

14 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____

15 By signing here, I certify that I am a member of the Country's Store and I am a member of the Country's Store and I am a member of the Country's Store.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME TELEPHONE NUMBER _____
SIGNATURE _____ DATE OF BIRTH _____



SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health

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